

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	00041	10/1
O.I.P.E. CLASSIFIER		15	10-10-60
FORMALITY REVIEW	AM	896	10-26-60
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
6	✓	✓	10/1
7	✓	✓	10/1
8	✓	✓	10/1
9	✓	✓	10/1
10	✓	✓	10/1
11	✓	✓	10/1
12	✓	✓	10/1
13	✓	✓	10/1
14	✓	✓	10/1
15	✓	✓	10/1
16	✓	✓	10/1
17	✓	✓	10/1
18	✓	✓	10/1
19	✓	✓	10/1
20	✓	✓	10/1
21	✓	✓	10/1
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26	✓	✓	10/1
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31	✓	✓	10/1
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45	✓	✓	10/1
46	✓	✓	10/1
47	✓	✓	10/1
48	✓	✓	10/1
49	✓	✓	10/1
50	✓	✓	10/1

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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